

**ARIZONA DEPARTMENT OF ECONOMIC SECURITY**  
**Division of Developmental Disabilities (DDD)**  
**Employment Supports & Services**

**MONTHLY PROGRESS REPORT**  
**Individual Supported Employment**

MONTH/YEAR

***Please print***

QUALIFIED VENDOR'S NAME

PHONE NUMBER (*Include area code*)QUALIFIED VENDOR'S ADDRESS (*P.O. Box, No., Street, City, State, ZIP*)CONSUMER'S NAME (*Last, First, M.I.*)

EMPLOYMENT PROGRAM SPECIALIST'S NAME

SUPPORT COORDINATOR'S NAME

DDD I.D. NO.

HOURS OF SERVICES RENDERED

- Job Coaching  
 Job Search

TYPE OF SERVICE(S) RENDERED

- Job Coaching  
 Job Search

CONSUMER'S NAME

PHONE NUMBER (*Include area code*)NAME AND ADDRESS OF CURRENT WORKSITE(S) (*No., Street, City, State, ZIP*)

SUPERVISOR/CONTACT PERSON'S NAME

CONSUMER'S JOB TITLE

HIRE DATE

WEEKLY WORK SCHEDULE

TOTAL HOURS WORKED THIS MONTH

HOURLY RATE

Consumer's Individual Support Plan vocational outcomes/objectives  
*(and behavioral plan objectives, as appropriate).*Progress made on listed outcome(s)/objectives. If no progress,  
 identify barriers and list plan of action.

Consumer's work related accomplishments.

List relevant issues affecting successful employment, and a plan of action to address them.

## **JOB SEARCH SERVICE LOG**

This service requires pre-approval by an Employment Program Specialist

Provide a detailed summary of each contact, including a description of the job search activities performed, level of consumer participation and any necessary follow up required/Performed, etc. Each contact entry must be signed by Job Developer/Coach. Attach additional sheets as necessary.

**QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S NAME**

QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S TITLE

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QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S SIGNATURE

DATE

## **JOB COACHING SERVICE LOG**

Provide a detailed summary of each contact, including a direct consumer/employer contacts, work-related problems, travel, and report writing, etc. Each contact entry must be signed by Job Coach. Attach additional sheets as necessary.

**QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S NAME**

QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S TITLE

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QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S SIGNATURE

DATE

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Routing: Original – Support Coordinator Copy – District File

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TDD Services: 7-1-1.